

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030155

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7627

STATE FILE NUMBER

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR

TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY

OR

TOWN

d. STREET

ADDRESS

(If outside, give location)

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BABY KNELLER

4. DATE

OF

DEATH

Month

Day

Year

JULY 12 63

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

JULY 12-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

5 5

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MILLS Thomas Kneller

13b. MOTHER'S MAIDEN NAME

Janet Elaine Kuhlmeier

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother 1147 Purdue

St Louis, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aortic aneurysm

Prematurity

762.5

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-12-63

to 7-12-63

and last saw her alive on 7-12-63

Death occurred at

9:50 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7-31-63

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUL 25 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | |
|---------------------|--------------|--|
| VS 300 Rev. 4/59 | DATE AMENDED | |
| 1 | | |
| 2 400 | | |
| 3 | | |
| 4 1 | | |
| 5 0 | | |
| 6 | | |
| 7 0 | | |
| 8 2 | | |
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| 10 | | |
| 11 | | |
| 12 81-0 | | |
| 13 | | |
| 81 | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.